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| CLAIMS ONLY | SERIAL NO. | FILING DATE |
| APPLICANT(S) | | |

| CLAIMS | | | | | | |
|--------------|----------|------|---------------------|------|---------------------|------|
| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL IND. | 4 | | | | | |
| TOTAL DEP. | 27 | | | | | |
| TOTAL CLAIMS | 31 | | | | | |

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| TOTAL IND. | | | | | | |
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| TOTAL CLAIMS | | | | | | |

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

BEST AVAILABLE COPY